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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 020000001		CITY OR T	OWN	CHELMSF	ORD
APPLICATION FOR	R RENEWAL:	Annual	I	LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS		•				
ADDRESS 32 ALPI	NE LANE					
CITY/TOWN: CHE	ELMSFORD	STATE: N	IA ZIP CO	DE:	01824	
MANAGER: ENG	, CORINNE TY	PE OF LICENSE	:Restaurant	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
· ·	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YO	UR EMAIL ADDRESS			1
2. the license	EET FLOOR,ONE F	ROOM FOR DIN FOR STORAGE. es of perjury that: f the same type for h all laws of the C	one For Cell the same premise	AR ST	rorage on licensed;	
SIGNED BY	Individual, Partne	er or Authorized C	orporate Officer			
DATE:	TELEPHON	NE NUMBER:				TON NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building in	spector and the	head of the fire o	lepart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL L By:	ICENS	SING AUTHO	ORITY



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LICENSE NUMBER: ()20000006		CITY OR TOWN	CHELMSF	ORD
APPLICATION FOR I	RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	KMP RESTAURANI	GROUP INC.			
DOING BUSINESS A	MOONSTONES				
ADDRESS 185 CHEL	MSFORD ST.				
CITY/TOWN: CHEL	MSFORD	STATE: MA	ZIP CODE:	01824	
MANAGER: MCFAI	. ,	OF LICENSE:Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES	S:			
5 ROOMS ON GROU! KITCHEN AND 4 RES			the state of the s		the state of the s
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	l license will be of the	same type for the	same premises now	licensed;	
2. the licensee	has complied with all	laws of the Com	monwealth relating t	to taxes; and	
3. the premises	s are now open for bu	siness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	NUMBER:			TON NUMBER:
			(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building inspe	ctor and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain	.)				
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 020000007		CITY OR TOV	VN CHELMSI	FORD
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	PKS REALTY, IN	NC			
DOING BUSINESS	A BEST WESTER	N CHELMSFORD IN	IN		
ADDRESS 187 CHE	LMSFORD ST.				
CITY/TOWN: CHE	LMSFORD	STATE: MA	ZIP CODE	: 01824	
MANAGER: Ander Carl	rson, Ronald TY	PE OF LICENSE: Inn	holder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ī	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF I					
	ID THE MOTOR I	ENCE ROOM/FUNC LODGE. MAIN ENTR			N AND
I hereby certify and s	wear under penaltie	s of perjury that:			
1. the renewe	ed license will be of	f the same type for the	same premises i	now licensed;	
	-	h all laws of the Comn		ng to taxes; and	
3. the premis	es are now open for	r business (If not expla	ain below)		
SIGNED BY	Individual. Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
	TEEE HO	(ET(ONEE)	(Note: NOT	Γ Individual Social S	Security Number)
Acts of 2004, signed	by the building in	e in possession (1) the aspector and the head of liquor liability insu	l of the fire dep	artment for the	e above
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved expla	III <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 020000010		CITY OR TOWN	N CHELMSFORD	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: DOING BUSINESS					
ADDRESS 170 CO	NCORD ROAD				
CITY/TOWN: CH	ELMSFORD	STATE: M	A ZIP CODE:	01824	
	ECK, TY THLEEN	PE OF LICENSE:	Restaurant	CATEGORY: All Alcohol	İ
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V		R EMAIL ADDRESS		
DESCRIPTION OF					
2300 SQ. FT. ON G			JOMS, KITCHEN.		
2. the licens	ved license will be or	f the same type for th all laws of the Co	the same premises no ommonwealth relating xplain below)		
SIGNED BY	Individual, Partne	er or Authorized Co	orporate Officer		
SIGNED BY DATE:		er or Authorized Co	EMPLOY	ER IDENTIFICATION NUMBER:	
DATE: We the undersigned Acts of 2004, signed	TELEPHOI d, attest that we ar d by the building in	NE NUMBER: re in possession (1) nspector and the h	EMPLOY (Note: NOT) the certificate requ ead of the fire depar)
DATE: We the undersigne Acts of 2004, signe named license and	TELEPHONG TELEPHONG AT TELEPHONG TEL	NE NUMBER: re in possession (1) nspector and the h	EMPLOY (Note: <u>NOT</u>) the certificate requiend of the fire departured by	ndividual Social Security Number) ared by Chapter 304 of the etment for the above)



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LICENSE NUMBER: 020	0000013		CITY OR TO	WN CHELMSF	ORD
APPLICATION FOR REI	NEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: CH	ELMSFORD HO	TEL COMPANY			
DOING BUSINESS A R.	ADISSON HOTE	EL & SUITES			
ADDRESS 10 INDEPEN	DENCE DR.				
CITY/TOWN: CHELMS	SFORD	STATE: MA	ZIP CODI	E: 01824	
MANAGER: DURKEE M	, SCOTT TYPE	E OF LICENSE: In	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:]
PLEASI	E ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMISE	ES:			
5 STORY HOTEL CONT AND LOUNGE. 5 STOR LOUNGE, FUNCTION A	Y HOTEL CONT	TAINING 81 GUE			
I hereby certify and swear	under penalties o	of perjury that:			
1. the renewed lic	ense will be of th	e same type for th	e same premises	now licensed;	
2. the licensee has	s complied with a	ll laws of the Con	nmonwealth relat	ing to taxes; and	
3. the premises ar	e now open for b	usiness (If not exp	lain below)		
SIGNED BY Ind	lividual, Partner o	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:	EMPL	OYER IDENTIFICAT	TION NUMBER:
			(Note: NO	T Individual Social S	ecurity Number)
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	the building insp	ector and the hea	ad of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
			-		
DATE:					



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LICENSE NUMBI	ER: 020000015		CITY OR TOWN	CHELMSFO	ORD
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME DOING BUSINES ADDRESS 300 LI		ELKS INC.			
CITY/TOWN: CI	HELMSFORD	STATE: MA	ZIP CODE:	01824	
MANAGER: GR	АНАМ, ВЕТН ТҮ	PE OF LICENSE: Clu	c CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION O	F LICENSED PREM	ISES:			
		FOR SERVING AT T 2 EXITS PLUS A PAV		E AREA.10,7	797 SQ.
I hereby certify and	l swear under penaltie	s of perjury that:			
1. the rene	wed license will be of	f the same type for the	same premises now	licensed;	
2. the licer	nsee has complied wit	h all laws of the Comm	onwealth relating to	o taxes; and	
3. the pren	nises are now open fo	r business (If not expla	in below)		
SIGNED BY	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICATI	
Acts of 2004, sign	ed by the building ir	e in possession (1) the aspector and the head of liquor liability insur	of the fire departs	ment for the a	above
Please Check Below:	٦		LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved exp	lain)				
(alsapproved on	·•/				
DATE:					
		v varivarina by a second		(A. A	
APPLICATION FOR REN	EWAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M	i.G.L. Ch. 138 \$ 16a	A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 020000016		CITY OR TOWN CHELMSFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: STERLING GOLF M	IANAGEMENT IN	C
DOING BUSINESS A CHELMSFORD CO	OUNTRY CLUB	
ADDRESS 66 PARK ROAD		
CITY/TOWN: CHELMSFORD	STATE: MA	ZIP CODE: 01824
MANAGER: OSGOOD, KEVIN TYPE F.	OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREMISES	S:	
ONE FRONT ENTRANCE AND ONE REASUNDECK IN TWO ROOMS ON THE ST. FOR SERVING; CELLAR FOR STORAGE	REET FLOOR AN	
I hereby certify and swear under penalties of	f perjury that:	
1. the renewed license will be of the	* *	-
2. the licensee has complied with all		_
3. the premises are now open for bu	isiness (If not explai	n below)
SIGNED BY Individual, Partner or	· Authorized Corpor	rate Officer
,	·	
DATE: TELEPHONE I	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
122210112	. (01/12/21)	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building inspe	ector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(II disapproved explain)		·
DATE:		



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LICENSE NUMBER: 0	20000019		CITY OR TO	NN CHELMSF	ORD
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: T	HE RIGHT CORI	P.			
DOING BUSINESS A	GLENVIEW LOU	JNGE & PUB			
ADDRESS 248 PRINC	ETON ST.				
CITY/TOWN: CHELN	MSFORD	STATE: MA	ZIP CODE	2: 01824	
MANAGER: (kelly) V Sheila A	<i>U</i> /	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF LIC					
2 STORY BRICK AND STORAGE AREAS; M FLOOR FOR STORAG	ENS AND LADIE				the state of the s
I hereby certify and swe	ar under penalties	of perjury that:			
1. the renewed	license will be of t	the same type for the	e same premises	now licensed;	
2. the licensee l	has complied with	all laws of the Com	monwealth relati	ng to taxes; and	
3. the premises	are now open for	business (If not exp	lain below)		
SIGNED BY	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON!	E NUMBER:		OYER IDENTIFICAT	
			(Note: NO		ecurity Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ins	spector and the hea	d of the fire dep	artment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	1				
DATE:					



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LICENSE NUMBER: 020000023		CITY OR TOWN	CHELMSFORD
APPLICATION FOR RENEWAL:	Annual	SED FOR 2013	
	CLASS		YEAR
LICENSEE NAME: AMERICAN LEGION DOING BUSINESS A	N ALBERTON V	V.VINAL POST#313	INC
ADDRESS WILLIS DR.&GROTON RD			
CITY/TOWN: CHELMSFORD	STATE: MA	ZIP CODE:	01824
MANAGER: O'NEIL, EDWARD TYPE J.	OF LICENSE: V	eterans club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	S:		
3 ROOMS ON FIRST FLOOR SERVING A SECOND FLOOR FOR SERVING ONLY LEVEL UNDER DECK			
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	same type for the	e same premises now	licensed;
2. the licensee has complied with all	l laws of the Com	monwealth relating to	o taxes; and
3. the premises are now open for bu	siness (If not exp	lain below)	
-			
SIGNED BY Individual, Partner or	Authorized Corp	oorate Officer	
DATE: TELEPHONE I	NUMBER:		DENTIFICATION NUMBER:
		(Note: NOT Ind	lividual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ctor and the hea	nd of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	2K: 020000025		CITY OR TOW	IN CHELMSI	CORD
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS		VINE & SPIRITS PACKAGE STORE			
ADDRESS 229 CH	IELMSFORD STR	EE			
CITY/TOWN: CH	IELMSFORD	STATE: MA	ZIP CODE:	01824	
MANAGER: HO	UTH,MELANY T	TYPE OF LICENSE:Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	5 :				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PRE	MISES:			
		SMALL REAR SECTI HAND SIDE AND REA		TRANCE AND	
2. the licen	isee has complied v	of the same type for the vith all laws of the Comfor business (If not exponer or Authorized Corp.	nmonwealth relatin		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICATION INDIVIDUAL SOCIAL S	
Please Check Below: APPROVED: DISAPPROVED:]		LOCAL LICE By:	NSING AUTH	ORITY
(If disapproved exp	lain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 020000026		CITY OR TOWN	CHELMSF	FORD
APPLICATIO	N FOR RENEWAL:	Annual	Annual LICENSED FOR		
		CLASS			YEAR
LICENSEE NA	AME: DRUM HILL	LIQUOR MART, INC.			
DOING BUSI	NESS A				
ADDRESS 85	PARKHURST RD				
CITY/TOWN:	CHELMSFORD	STATE: MA	ZIP CODE:	01824	
MANAGER:	GERVAIS, PHYLLIS	TYPE OF LICENSE:	Package Store C.	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
	N OF LICENSED PR				
	GE, AN OFFICE, RE	N FOUR ROOMS ON S CEIVING, ONE COOLI			
I hereby certify	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for t	he same premises now	licensed;	
2. the	licensee has complied	d with all laws of the Con	nmonwealth relating t	o taxes; and	
3. the	premises are now ope	en for business (If not ex	plain below)		
SIGNED BY					
	Individual, P	artner or Authorized Con	porate Officer		
DATE:	TELEP	PHONE NUMBER:			TION NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
Please Check Belo	ow:		LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)		_		
DATE:					
DAIL.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 020000028		CITY OR TOWN	CHELMSF	ORD
APPLICATION	FOR RENEWAL:	Annual	Annual LICENSED FOR		
		CLASS			YEAR
LICENSEE NA	ME: VROUHAS INC				
DOING BUSIN	ESS A HI WAY FARM	MARKET			
ADDRESS 259	LITTLETON ROAD				
CITY/TOWN:	CHELMSFORD	STATE: MA	ZIP CODE:	01824	
MANAGER:	VROUHAS, SPIRO TYP	E OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMIS	SES:			
	ND ONE REAR ENTRA ND ONE FOR STORAGE		WO ROOMS ON O	NE FLOOR,	ONE
I hereby certify	and swear under penalties	of perjury that:			
1. the re	enewed license will be of t	the same type for the	same premises now	licensed;	
2. the li	censee has complied with	all laws of the Comm	nonwealth relating to	taxes; and	
3. the p	remises are now open for	business (If not expla	in below)		
SIGNED BY					
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below APPROVED:	<u>v:</u>		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVEI)·		By:		
(If disapproved					
	- /				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN CHELMSFORD
LICENSED FOR 2013
YEAR
NC
ZIP CODE: 01824
ckage Store CATEGORY: All Alcohol
MAIL ADDRESS
ES AND TWO ROOMS FOR STORAGE; FOR STORAGE AND A RESTROOM
nonwealth relating to taxes; and ain below)
orate Officer
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
LOCAL LICENSING AUTHORITY
By:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	020000032		CITY OR TOV	VN CHELMSI	CORD
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 210 BOST	ON ROAD				
CITY/TOWN: CHEI	LMSFORD	STATE: MA	ZIP CODE	: 01824	
MANAGER: DASII	VA, JOHN G.TYI	PE OF LICENSE:Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR F	CMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:			
PORTION OF LIL PEROOM FOR STORAG					YS; ONE
2. the licensee	e has complied with es are now open for	the same type for the all laws of the Combusiness (If not exposer or Authorized Corp	monwealth relating lain below)		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICE By:	ENSING AUTH	ORITY
(If disapproved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 020000034		CITY OR TOWN	N CHELMSI	FORD
APPLICATION FOI	R RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A JIMMY'S PIZZA		FOOD		
ADDRESS ALPINE	LANE				
CITY/TOWN: CHI	ELMSFORD	STATE: M	A ZIP CODE:	01824	
MANAGER: THE S, EI	OFILOPOULO TYI LIAS	PE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W		R EMAIL ADDRESS		
DESCRIPTION OF					
PIZZERIA WITH 12			O WINE SERVED FO	OR DINE IN (ONLY
I hereby certify and s 1. the renew	swear under penalties red license will be of		he same premises no	w licensed;	
2. the licens	ee has complied with	all laws of the Co	mmonwealth relating	to taxes; and	
3. the premi	ses are now open for	business (If not ex	plain below)		
SIGNED BY	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHON	E NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	spector and the h	ead of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NUMBER:	020000037		CITY OR TOW	N CHELMSI	ORD
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SZECHUAN CHEF'S	S, INC.			
DOING BUSINESS A	SZECHUAN CHEF	RESTAURANT			
ADDRESS 0006-8 VII	NAL SQUARE				
CITY/TOWN: CHEL	MSFORD	STATE: MA	ZIP CODE:	01824	
MANAGER: Lamb,	Roy E TYPE	OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
ONE FLOOR, 3 ROO	MS BAR ADDED N	O CHANGE IN	SEATING CAPA	CITY	
I hereby certify and sw	ear under penalties of	f perjury that:			
1. the renewed	l license will be of the	e same type for the	e same premises n	ow licensed;	
2. the licensee	has complied with al	l laws of the Com	monwealth relatin	ig to taxes; and	
3. the premise	s are now open for bu	isiness (If not exp	lain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
XX7 - 41 1 1	-444414		1 °6°1		204 - 641
We the undersigned, Acts of 2004, signed 1					
named license and (2			•		
of 2010.					
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:			-		
APPLICATION FOR RENEWA	L MUST BE FILED BY LICE	ENSEES DURING THE N	MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02	20000043		CITY OR T	OWN CHELM	SFORD
APPLICATION FOR R	ENEWAL:	Annual		LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: D	EEP & RINI, LI	LC			
DOING BUSINESS A	KASTORE RES	TAURANT & LOU	NGE		
ADDRESS 100 TYNGS	SBORO RD				
CITY/TOWN: CHELM	ISFORD	STATE: MA	ZIP CO	DE: 01824	
MANAGER: AMIN, I	RINI D. TY	PE OF LICENSE: Re	estaurant	CATEGORY	Y: All Alcohol
EMAIL ADDRESS:	-				
		WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LIC					
APPROX 3700 SQ FT (EXIT ON SOUTHERLY					
OTHER THREE SIDES			JKWAI ON I	EACH SIDE OF	THE
I hereby certify and swea	1	1 0 0			
		f the same type for the	-		.1
		h all laws of the Com		lating to taxes; an	a
5. the premises	are now open to	r business (If not exp	iaiii below)		
SIGNED BY					
	ndividual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EM	PLOYER IDENTIFIC	ATION NUMBER:
			(Note:]	NOT Individual Socia	al Security Number)
We the undersigned, a	ttest that we ar	e in possession (1) tl	ne certificate	required by Cha	pter 304 of the
Acts of 2004, signed by	y the building ir	nspector and the hea	d of the fire	department for t	he above
named license and (2) of 2010.	the certificate o	of liquor liability ins	urance requi	red by Chapter 1	16 of the Acts
				ACTIVITY OF A LAND	
Please Check Below: APPROVED:				ICENSING AUT	HORITY
DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J20000046		CITY OR I	JWN CHELMSI	CORD
APPLICATION FOR I	RENEWAL:	Annual	Ι	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	DJVP RAM C	ORPORATION, INC.			
DOING BUSINESS A	THE CORNI	ER CUPBOARD STO	RE		
ADDRESS 149 GORE	IAM STREET	'R			
CITY/TOWN: CHEL	MSFORD	STATE: M	A ZIP COI	DE: 01824	
MANAGER: patel, v	ipul	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PRI	EMISES:			
CEMENT BLOCK BU AVE. TWO FRONT D			R OF GORHAM	ST. AND SPARA	.GUE
2. the licensee	has complied	e of the same type for with all laws of the Co n for business (If not e	ommonwealth rel		
SIGNED BY	Individual, Pa	rtner or Authorized Co	orporate Officer		
DATE:	TELEPI	HONE NUMBER:		PLOYER IDENTIFICATION INDIVIDUAL SOCIAL S	
Please Check Below:			LOCAL L	CENSING AUTH	ORITY
APPROVED: DISAPPROVED:	7		By:		
(If disapproved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 020000047		CITY OR TOWN CHELMS	FORD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: BERTUCCI'S RINESS A BERTUCCI'S I		RANTE	
ADDRESS 01	4-34 LITTLETON RD			
CITY/TOWN:	CHELMSFORD	STATE: MA	ZIP CODE: 01824	
MANAGER:	SLAYBACK, T MICHAEL	YPE OF LICENSE: Res	ctaurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
		R WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
	N OF LICENSED PREM		DEAD EVE	
ONE STORY	BLDG . ONE FRONT E	NTRANCE AND ONE	REAR EXII	_
				_
3. the SIGNED BY	premises are now open f			
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the building	inspector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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LICENSE NUN	MBER: 020000049		CITY OR TOWN CHE	LMSFORD
APPLICATION	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: MIDDLESEX FOO	DDS, INC.		
DOING BUSIN	NESS A PRINCETON ST	ATION		
ADDRESS 147	PRINCETON ST			
CITY/TOWN:	CHELMSFORD	STATE: MA	ZIP CODE: 0186	53
	JASON, FRANCIS TYP R. III	'E OF LICENSE: Re	staurant CATEGO	ORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	SES:		
ONE FLOOR,	3 ROOMS			
I hereby certify	and swear under penalties	of perjury that:		
1. the 1	renewed license will be of	the same type for the	same premises now license	ed;
2. the l	licensee has complied with	all laws of the Com	nonwealth relating to taxes	; and
3. the ₁	premises are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENT (Note: NOT Individual S	IFICATION NUMBER: Social Security Number)
Acts of 2004, s	signed by the building ins	spector and the head	e certificate required by (d of the fire department for rance required by Chapto	or the above
Please Check Belo	<u>w:</u>		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	120000053		CITY OR TOW	IN CHELMSE	UKD
APPLICATION FOR R	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: T	PHO DALAT	RATION			
ADDRESS 131 DRUM	HILL ROAD				
CITY/TOWN: CHEL	MSFORD S	STATE: MA	ZIP CODE:	01824	
MANAGER: NGUYI	EN, PHU TYPE O	F LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EM.	AIL ADDRESS		_
DESCRIPTION OF LIG					
ONE FLOOR, 3 ROOM					
I hereby certify and swe					
	license will be of the s	• •	•		
	has complied with all l			ig to taxes; and	
3. the premises	are now open for busing	ness (If not explai	in below)		
SIGNED BY	Individual, Partner or A	authorized Corpor	rate Officer		
DATE:	TELEPHONE NU	JMBER:		YER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building inspect	or and the head	of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:	1		By:		
DISAPPROVED:					
(If disapproved explain))		-		
			-		
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 020000054		CITY OR TOWN	CHELMSF	FORD
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	E: AMICI C.R.D., S A AMICI TRAT MER ST				
CITY/TOWN: CI	HELMSFORD	STATE: MA	ZIP CODE:	01824	
	EDERICO, T BERT	YPE OF LICENSE: R	destaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	F LICENSED PREM	AISES:			
ONE FLOOR, 3 RO	OOMS I swear under penalt				
	nises are now open t	rith all laws of the Cor For business (If not exp mer or Authorized Cor	plain below)	o taxes; and	
DATE:	TELEPHO	ONE NUMBER:			TION NUMBER: Security Number)
Acts of 2004, sign	ed by the building	are in possession (1) to inspector and the he of liquor liability ins	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] olain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0200	00055	(CITY OR TOWN CHELM	SFORD
APPLICATION FOR REN	EWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: KHO	OO AND NG CORP.			
DOING BUSINESS A SAI	KURA JAPANESE C	CUISINE		
ADDRESS 7 SUMMER ST	Γ			
CITY/TOWN: CHELMSF	ORD ST	ATE: MA	ZIP CODE: 01824	
MANAGER: NG, KIM T	TYPE OF I	LICENSE: Resta	urant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE A	ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICEN				
ONE STORY BLDG CONS	SISTING OF 1575 S	SQ FT, SEATIN	G CAPACITY OF 45	
I hereby certify and swear u		•		
		• 1	ame premises now licensed;	1
	now open for busines		onwealth relating to taxes; an	a
5. the premises are	now open for busines	ss (II not explain	i delow)	
SIGNED BY				
	vidual, Partner or Aut	horized Corpora	te Officer	
DATE:	TELEPHONE NUM	MBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, signed by th	e building inspector	and the head o	certificate required by Cha of the fire department for t nnce required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain)				
(II disupprovou expluiii)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:)20000056		CITY OR TOW	N CHELMSF	UKD
APPLICATION FOR I	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SAM'S LIQU	ORS, INC.			
DOING BUSINESS A	SAM'S LIQ	UORS			
ADDRESS 124-26 TY	NGSBORO I	RD.			
CITY/TOWN: CHEL	MSFORD	STATE: MA	ZIP CODE:	01863	
MANAGER: SOK, S	SAMBIN	TYPE OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PR	EMISES:			
	D EGRESS C	OUND FLOOR ON TH ON THE SIDE, ANOTHI			
I hereby certify and sw	ear under pen	alties of perjury that:			
• •	-	be of the same type for th	e same premises n	ow licensed:	
		with all laws of the Con	-		
	-	n for business (If not exp		6	
SIGNED BY					
	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	ecurity Number)
Please Check Below:				NSING AUTHO	ORITY
APPROVED: DISAPPROVED:	7		By:		
(If disapproved explain)				
and an approved explain	• /				
D. 1.500					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 020	0000057		CITY	OR TOWN	CHELMSF	ORD
APPLICATION FOR RE	NEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS	1			YEAR
LICENSEE NAME: PA	DEE CORP					
DOING BUSINESS A Y	OONG TONG	II THAI RESTA	URANT			
ADDRESS 61 CENTRAL	L SQ					
CITY/TOWN: CHELMS	SFORD	STATE:	MA ZII	P CODE:	01824	
MANAGER: LEE, JIM	MY TK TYI	PE OF LICENSI	E:Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL ADDE	RESS		_
DESCRIPTION OF LICE						
DINING ROOM, RESTR ROOM			ANCE IN FI	RONT OF I	BLDG OFF D	INING
1. the renewed lic 2. the licensee ha 3. the premises an SIGNED BY	s complied with re now open for	all laws of the C	Commonweal explain belo	lth relating (
DATE:	TELEPHON	IE NUMBER:	(1)			TON NUMBER:
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building in	spector and the	head of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain)						
(11 disapproved explain)						
DATE:						
•						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J20000058	(LITY OR TOWN CHELMS	SPURD
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	Omega Pizza, Inc			
DOING BUSINESS A	Omega Pizzeria and g	rille		
ADDRESS 170 CONC	CORD ROAD			
CITY/TOWN: CHEL	MSFORD	STATE: MA	ZIP CODE: 01824	
MANAGER: Kontak	os, Efstratios TYPE C	F LICENSE: Resta	nurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES:			
ONE STORY RESTA	URANT, 2000 SQ FT,	ONE ENTRANCE	E AND EXIT	
I hereby certify and sw	ear under penalties of p	erjury that:		
1. the renewed	l license will be of the s	ame type for the sa	ame premises now licensed;	
2. the licensee	has complied with all l	aws of the Commo	onwealth relating to taxes; and	i
3. the premises	s are now open for busi	ness (If not explain	n below)	
SIGNED BY	Individual, Partner or A	Authorized Corpora	ate Officer	
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	l Security Number)
Acts of 2004, signed l	by the building inspec	tor and the head o	certificate required by Chap of the fire department for th nnce required by Chapter 1	ie above
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:	٦		By:	
DISAPPROVED:				
(If disapproved explain	1)			
DATE:				
DIAIL.				



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LICENSE NU	MBER: 020000059		CITY OR TOWN CHEL	MSFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N	AME: DOUBLE N, I	INC.		
DOING BUSI	NESS A SAL'S PIZZA	A		
ADDRESS 29	6 CHELMSFORD ST	REET		
CITY/TOWN	: CHELMSFORD	STATE: MA	ZIP CODE: 01824	ļ
MANAGER:	SALVATORE LUPOLI	TYPE OF LICENSE: R	Restaurant CATEGO.	RY: Wine and Malt Regular
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMISES:	EMAIL ADDRESS	
I hereby certif	y and swear under pena	alties of perjury that:		
•	•	- · ·	ne same premises now licensed	l;
2. the	licensee has complied	with all laws of the Cor	nmonwealth relating to taxes;	and
3. the	premises are now open	n for business (If not ex	plain below)	
CICNED DV				
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual So	cial Security Number)
Acts of 2004,	signed by the buildin	ng inspector and the he	the certificate required by Cl ad of the fire department for surance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 1	38 \$ 16A)



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LICENSE NUME	BER: 020000060		CITY OR TOWN CHELN	ASFORD
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAM	IE: D.G.C. RESTAUR	ANT		
DOING BUSINE	SS A FENG SHUI ASI	AN CUISINE		
ADDRESS 285 C	CHELMSFORD STREE	Γ		
CITY/TOWN: C	CHELMSFORD	STATE: MA	ZIP CODE: 01824	
	ONG, STEPHEN TYP	PE OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRES	SS:			
DESCRIPTION (PLEASE ALSO VISIT OUR WI DF LICENSED PREMIS	EBSITE AND ENTER YOUR EM SES:	IAIL ADDRESS	
I hereby certify ar	nd swear under penalties	of perjury that:		
•	*		same premises now licensed;	
2. the lice	ensee has complied with	all laws of the Comm	nonwealth relating to taxes; a	nd
3. the pre	emises are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Acts of 2004, sig	ned by the building ins	spector and the head	e certificate required by Ch of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex	<u> </u>			
(11 disappioved ex	xpiaiii <i>)</i>			
DATE:				
APPLICATION FOR RE	NEWAL MUST BE FILED BY LI	ICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 13	8 \$ 16A)



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LICENSE NUMBER: 020000061	(CITY OR TOWN CHELMS!	FORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: NICK KANTI			
DOING BUSINESS A THAI JASMI	NE RESTAURANT		
ADDRESS 313 LITTLETON RD			
CITY/TOWN: CHELMSFORD	STATE: MA	ZIP CODE: 01824	
MANAGER: KANTI,NICK	TYPE OF LICENSE: Resta	category:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PRE FIRST FLOOR CONSISTING OF A dining room on first floor	DINING ROOM AND KI	TCHEN. OCCUPANCY IS 6	l second
3. the premises are now open SIGNED BY			
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head o	certificate required by Chapt of the fire department for the	ter 304 of the
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 020000062		CITY OR TOW	N CHELMSI	CORD
APPLICATION FO	R RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
DOING BUSINESS	APPLE NEW ENG A APPLEBEE'S NE		RILL & BAR		
ADDRESS 00050 D					
CITY/TOWN: CHI	ELMSFORD	STATE: MA	ZIP CODE:	01824	
MANAGER: KID	DY, GAYLE J. TYP	E OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	ES:			
I hereby certify and	swear under penalties	of periury that:			
	ved license will be of t		e same premises n	ow licensed;	
	see has complied with	• •	•		
3. the premi	ises are now open for l	ousiness (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:		YER IDENTIFICATION INDIVIDUAL SOCIAL SECTION S	
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	pector and the hea	d of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl.)	 ain)				
(11 disapproved expi	u,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	020000063		CITY OR TOWN	CHELMSF	ORD
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TALWAR & LATKA I	LC			
DOING BUSINESS A	A INDIA PALACE				
ADDRESS 313 LITT	LETON ROAD				
CITY/TOWN: CHE	LMSFORD	STATE: MA	ZIP CODE:	01863	
MANAGER: LATK	XA, KIREN P. TYPE O	F LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES:				
I hereby certify and sv	wear under penalties of p	erjury that:			
	d license will be of the s		=		
	e has complied with all l			taxes; and	
3. the premise	es are now open for busi	ness (If not expla	in below)		
SIGNED BY	Individual, Partner or A	authorized Corpo	rate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: NOT Indi		ION NUMBER: ecurity Number)
Acts of 2004, signed	, attest that we are in p by the building inspect 2) the certificate of liqu	tor and the head	of the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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LICENSE NUMBER: 020000	064	CITY OR TOWN CH	ELMSFORD
APPLICATION FOR RENEV	VAL: Annual	LICENSED 1	FOR 2013
	CLASS		YEAR
LICENSEE NAME: TBK E	nterprise, LLC		
DOING BUSINESS A The B	ig Kahuna		
ADDRESS 5 Courthouse Land	2		
CITY/TOWN: CHELMSFO	RD STATE: MA	ZIP CODE: 018	324
MANAGER: BASTIEN,MA	ARK TYPE OF LICENSE: Re	estaurant CATEC	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	ED PREMISES:		
10000 sq ft outdoor space with	n pool and cabana		
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	e will be of the same type for th	e same premises now licen	sed;
2. the licensee has con	mplied with all laws of the Com	monwealth relating to taxe	es; and
3. the premises are no	w open for business (If not exp	lain below)	
-			
SIGNED BY			
Individ	ual, Partner or Authorized Corp	orate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDEN	TIFICATION NUMBER:
		(Note: NOT Individual	l Social Security Number)
We the undersigned attest t	that we are in possession (1) th	he certificate required by	Chanter 301 of the
	ouilding inspector and the hea		
named license and (2) the ce	rtificate of liquor liability ins		
of 2010.			
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
	DE EILED DV LIGENGERG SARRAG	MONTH OF NOVEMBER 44 2 2	1. 120 th 1.c.h.)
APPLICATION FOR RENEWAL MUST I	BE FILED BY LICENSEES DURING THE I	MONTH OF NOVEMBER (M.G.L. C	п. 138 \$ 16А)



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LICENSE NUMBER	R: 020000066		CITY OR TOWN CHELMS	FORD
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	ARIC BECKER			
DOING BUSINESS	A TANGO GRILL	. CAFÉ		
ADDRESS 12 Chelr	nsford St			
CITY/TOWN: CHI	ELMSFORD	STATE: MA	ZIP CODE: 01824	
MANAGER: SAIN	N, DAVID C. TY	PE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
1150 sq ft with front	entrance and back e	exit		
I hereby certify and s	swear under penaltie	es of perjury that:		
1. the renew	ed license will be of	f the same type for the	same premises now licensed;	
2. the licens	ee has complied wit	h all laws of the Com	monwealth relating to taxes; and	
3. the premi	ses are now open fo	r business (If not expl	ain below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signed	d by the building ir	nspector and the head	e certificate required by Chap d of the fire department for the urance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	aın)			
DATE:			-	
APPLICATION FOR RENEV	WAL MUST BE FILED BY	LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NU	MBER: 020000067		CITY OR TOWN CHE	LMSFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: Fish Shops, Inc	:		
DOING BUSI	NESS A Fish Bones			
ADDRESS 34	Central Sq			
CITY/TOWN:	CHELMSFORD	STATE: MA	ZIP CODE: 0183	24
MANAGER:	Zosherafatin,Ali Reza	TYPE OF LICENSE: R	estaurant CATEGO	ORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
kitchen, dining	area, front entrance, ba	ack exit, office and orde	er/take out area	
I hereby certify	and swear under penal	lties of perjury that:		
1. the	renewed license will be	of the same type for the	e same premises now license	ed;
2. the	licensee has complied v	with all laws of the Com	nmonwealth relating to taxes	; and
3. the	premises are now open	for business (If not exp	lain below)	
SIGNED BY	Individual, Par	tner or Authorized Corp	porate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual	TIFICATION NUMBER: Social Security Number)
Acts of 2004,	signed by the building	g inspector and the hea	he certificate required by 6 ad of the fire department f urance required by Chapt	or the above
Please Check Belo	ow:		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	i explain)			
			-	
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch	. 138 \$ 16A)



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LICENSE NUMBER: 02	20000068		C.	ITY OR TO	WIN	CHELMS	FUKD
APPLICATION FOR RI	ENEWAL:	Annua	al	LIC	CENS	SED FOR 2	013
		CLAS	SS				YEAR
LICENSEE NAME: T	HE JAVA ROOM						
DOING BUSINESS A							
ADDRESS 14 LITTLTO	ON ROAD						
CITY/TOWN: CHELM	ISFORD	STATE:	MA	ZIP CODE	Ξ:	01824	
MANAGER: LIU, CA	NDY TYPE	OF LICENS	SE: Restau	ırant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEA	ASE ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAII	ADDRESS			
DESCRIPTION OF LIC	ENSED PREMISES	S:					
2300 SQUARE FOOT CEXIT DOOR THROUG		ITH A DOU	JBLE EN	TRANCE II	N THI	E FRONT	AND ONE
I hereby certify and swea	ar under penalties of	perjury that	i:				
•	icense will be of the			ne premises	now l	licensed;	
2. the licensee h	as complied with all	laws of the	Commor	wealth relati	ing to	taxes; and	
3. the premises	are now open for bus	siness (If no	t explain	below)			
SIGNED BY Ir	ndividual, Partner or	Authorized	Corporat	e Officer			
DATE:	TELEPHONE N	NUMBER:					TION NUMBER: Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building inspe	ctor and th	e head of	the fire dep	- partn	nent for the	e above
Please Check Below:]	LOCAL LIC	ENSI	ING AUTH	ORITY
APPROVED:				Ву:			
DISAPPROVED: [] (If disapproved explain)							
(11 disappioved expiaili)							
DATE:							
APPLICATION FOR RENEWAL	MUST BE FILED BY LICE	NSEES DURING	THE MON	TH OF NOVEMB	ER (M.	G.L. Ch. 138 \$ 1	16A)



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0000069		CIT	Y OR TOWN	CHELMSF	ORD
NEWAL:	Annu	al	LICEN	NSED FOR 20	013
	CLAS	SS			YEAR
ME OF THE	FAMOUS CUB	AN, LLC			
AFÉ MADRII)				
ord St					
SFORD	STATE:	MA	ZIP CODE:	01824	
YASMIN TY	YPE OF LICEN	SE:Restaura	int C	CATEGORY:	All Alcohol
SE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL A	DDRESS		_
BUILDING W CY EXIT.	ITH MAIN EN	ΓRY/EXIT,	SECONDAR'	Y ENTRY/EX	IT AND
r under penalti	es of perjury tha	t:			
cense will be o	of the same type	for the same	premises nov	w licensed;	
as complied wi	th all laws of the	Commonw	ealth relating	to taxes; and	
re now open fo	or business (If no	ot explain be	elow)		
dividual, Partno	er or Authorized	Corporate	Officer		
TELEPHO	NE NUMBER:				
			(Note: NOT If	idividual Social S	security Number)
the building i	nspector and th	e head of t	he fire depar	tment for the	above
		LO	OCAL LICEN	SING AUTH	ORITY
		Ву	/:		
		_			
	DME OF THE CAFÉ MADRII ORD STAFÉ MADRII ORD STAFF MADRII ORD SEALSO VISIT OUR ENSED PREMBUILDING WORD CY EXIT. Trunder penaltic cense will be on as complied wire now open for the dividual, Partner of the building in the building in the building in the search of the complex of the building in the capacity of the complex of the building in the capacity of the capac	NEWAL: Annu- CLAS OME OF THE FAMOUS CUB CAFÉ MADRID ORD STATE: YASMIN TYPE OF LICENS SE ALSO VISIT OUR WEBSITE AND ENTER ENSED PREMISES: BUILDING WITH MAIN ENTER CY EXIT. If under penalties of perjury that cense will be of the same type of	NEWAL: Annual CLASS OME OF THE FAMOUS CUBAN, LLC CAFÉ MADRID Ord St SFORD STATE: MA YASMIN TYPE OF LICENSE: Restaura ENSED PREMISES: BUILDING WITH MAIN ENTRY/EXIT, CY EXIT. Ir under penalties of perjury that: cense will be of the same type for the same as complied with all laws of the Commonware now open for business (If not explain be dividual, Partner or Authorized Corporate of the certificate of liquor liability insurance to the certificate of liquor liability insurance.	NEWAL: Annual LICENCLASS OME OF THE FAMOUS CUBAN, LLC CAFÉ MADRID Ord St SFORD STATE: MA ZIP CODE: YASMIN TYPE OF LICENSE: Restaurant CO SEALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS ENSED PREMISES: BUILDING WITH MAIN ENTRY/EXIT, SECONDARY CY EXIT. To under penalties of perjury that: cense will be of the same type for the same premises now as complied with all laws of the Commonwealth relating are now open for business (If not explain below) dividual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYE (Note: NOT In test that we are in possession (1) the certificate required by the certificate of liquor liability insurance required by	NEWAL: Annual LICENSED FOR 20 CLASS OME OF THE FAMOUS CUBAN, LLC PAFÉ MADRID ORD ORD ORD STATE: MA ZIP CODE: 01824 YASMIN TYPE OF LICENSE: Restaurant CATEGORY: BE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS ENSED PREMISES: BUILDING WITH MAIN ENTRY/EXIT, SECONDARY ENTRY/EXIT ORD THE SAME SET OF THE SAME SET OF THE SAME PREMISES NOW licensed; as complied with all laws of the Commonwealth relating to taxes; and re now open for business (If not explain below) TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social States that we are in possession (1) the certificate required by Chapte the building inspector and the head of the fire department for the head of the certificate of liquor liability insurance required by Chapter 116 LOCAL LICENSING AUTHORS



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LICENSE NUMBER: 0200000/0	'	CITY OR TOWN CHELMSFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CENTER BRIC	KHOUSE PIZZA,INC	
DOING BUSINESS A BRICKHOUS	E CENTER PUB & PIZZ	ZERIA
ADDRESS 1 Central Sq, unit 2		
CITY/TOWN: CHELMSFORD	STATE: MA	ZIP CODE: 01824
MANAGER: BROWN, T MICHAELL	YPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREM	MISES:	
2400 SQ. FT. WITH 2 FRONT ENTR FLOOR, 1 REAR EXIT ON 2ND FLO FLOOR.ADDITIONAL OUTSIDE DE AS BEFORE.	OR WITH DINING ON	
I hereby certify and swear under penalt	ies of perjury that:	
1. the renewed license will be	of the same type for the s	same premises now licensed;
2. the licensee has complied w	ith all laws of the Comm	onwealth relating to taxes; and
3. the premises are now open f	or business (If not explain	in below)
SIGNED BY Individual, Parti	ner or Authorized Corpor	rate Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	02000071		CITY OR TOWN	CHELMSI	UKD
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A			NC.		
ADDRESS 7 SUMM	ER STREET				
CITY/TOWN: CHE	LMSFORD	STATE: MA	ZIP CODE:	01824	
MANAGER: WAN	G, WENTAO TYP	E OF LICENSE: Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	ES:			
first floor premises kn	own and numbered a	us unit 17 & 18 cont	aining 3150 sq. ft.		
I hereby certify and sv	wear under penalties	of perjury that:			
	d license will be of t	• 1	•		
	e has complied with			to taxes; and	
3. the premise	es are now open for l	ousiness (If not expl	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONI	E NUMBER:		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and (2010.	by the building ins	pector and the head	d of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 020000072		CITY	OK TOWN	CHELMSF	UKD
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 90 DRUM	A DRUM HILL MO	DE'S SOUTHWEST	GRILL			
CITY/TOWN: CHE		STATE: MA	711	P CODE:	01824	
MANAGER: DELC					CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF L 2250 SQ. FT. RESTA I hereby certify and sv 1. the renewe 2. the license	URANT WITH EN wear under penalties d license will be of e has complied with	NTRANCE FROM T	THE SIDI	EWALK remises nov		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Of	ficer		
DATE:	TELEPHON	IE NUMBER:	(1)		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and (2010.	by the building in	spector and the he	ad of the	fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOC By:	AL LICEN	ISING AUTH	ORITY
DATE:						



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LICENSE NUMI	BER: 020000073		CITY OR T	OWN	CHELMSF	ORD
APPLICATION I	FOR RENEWAL:	Annual	I	LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAM	ME: BPNJ,LLC					
DOING BUSINE	SS A JESSIE'S PLAC	Œ				
ADDRESS 14 CI	ENTRAL SQUARE					
CITY/TOWN: (CHELMSFORD	STATE: MA	ZIP CO	DE:	01824	
MANAGER: K	ELLEY, JESSICA T	YPE OF LICENSE: R	estaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS			_
	OF LICENSED PREM					
	SQ. FT. ON THE GRO NOTHER DOOR AT					SIDE OF
I hereby certify an	nd swear under penalti	es of perjury that:				
1. the ren	newed license will be o	of the same type for th	e same premise	es now	licensed;	
2. the lic	ensee has complied wi	th all laws of the Com	nmonwealth rel	ating to	o taxes; and	
3. the pre	emises are now open for	or business (If not exp	lain below)			
SIGNED BY	Individual Douts	er or Authorized Corp	namata Officam			
	individuai, Partn	er or Authorized Corp	orate Officer			
DATE:						
DATE:	TELEPHO	NE NUMBER:				FION NUMBER: Security Number)
			(110tel <u>1</u>	ior inc	aviduai Boeiai E	recurry rumber)
	gned, attest that we a					
	gned by the building ind (2) the certificate					
of 2010.	· ·		•	•	•	
Please Check Below:			LOCAL L	ICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED						
(If disapproved ex	xplain)					
DATE:						
APPLICATION FOR RE	ENEWAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVE	MBER (M	[GL Ch 138 \$ 1	6A)
	~ · ~ · · · · · · · · · · · · · · · · ·	THE POLICE PORTION THE	OI ITO VE			V/



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LICENSE NUM	IBER: 020000074		CITY OR TOWN	CHELMSF	ORD
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAI DOING BUSIN ADDRESS 14	ME: ZESTY PIZZA,INO ESS A	C			
CITY/TOWN:	CHELMSFORD	STATE: MA	ZIP CODE:	01824	
	ROKAS,THEODOR TYI E A. ROKAS	PE OF LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
2171 SQ FT RE I hereby certify a 1. the re 2. the lie	OF LICENSED PREMIS STAURANT WITH ONI and swear under penalties enewed license will be of censee has complied with remises are now open for	of perjury that: the same type for the all laws of the Comm	Same premises now	licensed;	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
Acts of 2004, si	igned, attest that we are igned by the building ins and (2) the certificate of	spector and the head	l of the fire departr	nent for the	above
Please Check Below APPROVED: [DISAPPROVEI (If disapproved of	D:		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 020000075		CITY OR TOWN	CHELMSFORD	
APPLICATION FOR	LICATION FOR RENEWAL: Annual LICENSED FOR 201				
		CLASS		YEAR	
LICENSEE NAME:	APRILE'S EUROF	EAN RESTAURA	NT, LLC		
DOING BUSINESS	A APRILE'S EURC	PEAN RESTAUR	ANT		
ADDRESS 75 PRING	CETON ST				
CITY/TOWN: CHE	LMSFORD	STATE: MA	ZIP CODE:	01824	
MANAGER: APRI C.	LE, EDWARD TYI	PE OF LICENSE:	Club Ca	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMIS	SES:			
I hereby certify and s	wear under penalties	of perjury that:			
		• •	ne same premises now		
	-		nmonwealth relating to	o taxes; and	
3. the premis	ses are now open for	business (If not ex	plain below)		
					_
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
			, , , , , , , , , , , , , , , , , , , ,		
DATE:	TELEPHON	E NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:	
	12221101	Z I (CIVIDZIC	(Note: NOT Ind	ividual Social Security Number)	
Acts of 2004, signed	by the building in	spector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	.111)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 020000076		CITY OR TO	JWN CHELMS	FUKD
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	RSRS FOOD	S LLC			
DOING BUSINESS	A TULSI FIN	E INDIAN CUISINE			
ADDRESS 7 SUMN	MER STREET				
CITY/TOWN: CH	ELMSFORD	STATE: MA	ZIP COL	DE: 01824	
MANAGER: KES	SAVALU, NNAN	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF		REMISES:			
3200 SQ FT RESTA					
-	_	nalties of perjury that:			
1. the renew	ved license will	be of the same type for t	he same premise	s now licensed;	
2. the licens	see has complied	d with all laws of the Co	mmonwealth rela	ating to taxes; and	
3. the premi	ises are now ope	en for business (If not ex	plain below)		
SIGNED BY	Individual, P	artner or Authorized Co	rporate Officer		
DATE:	TELEF	PHONE NUMBER:	EMP	LOYER IDENTIFICA	TION NUMBER:
			(Note: <u>N</u>	OT Individual Social	Security Number)
Acts of 2004, signe	d by the buildi	ve are in possession (1) ng inspector and the ho ate of liquor liability in	ead of the fire d	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				



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LICENSE NU	MBER: 020000078		CITY OR TOWN CHELMS.	FORD
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: LESVOS EN	NTERPRISES INC.		
DOING BUSI	NESS A THE PIZZ	A PLACE		
ADDRESS 21	0 BOSTON ROAD			
CITY/TOWN:	CHELMSFORD	STATE: MA	ZIP CODE: 01824	
MANAGER:	MORRIS,	TYPE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED P			
	T IN STRIP MALL. ENTRANCES	, ONE MAIN ENTRANCE	AT THE FRONT OF THE BU	ILDING
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	d with all laws of the Comm	nonwealth relating to taxes; and	
3. the	premises are now op	en for business (If not expla	ain below)	
SIGNED BY			0.00	
	Individual, I	Partner or Authorized Corpo	orate Officer	
DATE:			EMPLOWED IDENTIFICA	TION NUMBER
DATE.	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			· —	,
Acts of 2004, named license	signed by the build	ing inspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
of 2010.				
Please Check Belo			LOCAL LICENSING AUTH	IORITY
APPROVED: DISAPPROVI			By:	
(If disapproved	· <u>I</u>			
11	•			
DATE:				



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LICENSE NUMBE	R: 020000079		CITY OR T	OWN	CHELMSF	ORD
APPLICATION FO	R RENEWAL:	Annual	I	LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	SHI SUSHI, INC.					
DOING BUSINESS	A YANAGI SUSH	П				
ADDRESS 83 PAR	KHURST RD, UNIT	Γ1				
CITY/TOWN: CH	ELMSFORD	STATE: MA	ZIP CO	DE:	01824	
MANAGER: SHI,	GUANG K. TY	PE OF LICENSE: Re	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS			_
DESCRIPTION OF						
		NS APPORX. 1,920 S ONE ENTRANCE AI	-		DINING RO	OM,
I hereby certify and	swear under penaltie	es of perjury that:				
1. the renew	ved license will be of	f the same type for the	same premise	es now	licensed;	
2. the licens	see has complied wit	h all laws of the Com	monwealth rel	ating to	o taxes; and	
3. the premi	ises are now open fo	r business (If not expl	ain below)			
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer			
	,					
DATE:	TELEPHON	NE NUMBER:				TON NUMBER:
			(110te. <u>1</u>	ioi inc	iividuai Sociai S	ecurity (vuiliber)
Acts of 2004, signe	d by the building ir	e in possession (1) the aspector and the head of liquor liability insu	d of the fire d	lepartı	ment for the	above
Please Check Below:			LOCAL L	ICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expl	oin)					
(11 disappioved expi	a111 <i>)</i>					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVE	MBER (M	I.G.L. Ch. 138 \$ 16	5A)